

# Central Bedfordshire Council High Street Sandy

## Inspection report

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Sandy  
Bedfordshire  
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Date of inspection visit:  
31 March 2016  
07 April 2016

Date of publication:  
09 August 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 31 March and 07 April 2016 and was unannounced. The service provides support to adults who have learning disabilities and or autistic spectrum conditions, and live in their own flats in a supported living scheme. At the time of the inspection, four people were being supported by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had safeguards in place to protect people from the risk of harm. People's support plans and risk assessments were detailed, person-centred and reflective of their changing needs. Medicines were managed and administered safely and people were supported to manage their own medicines if they wished to and where this was assessed as safe. The provider had safe recruitment processes in place to ensure people were supported by suitable staff and there were enough staff with the right skills and knowledge to meet people's needs.

Staff received training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people they supported. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and associated regulations.

People had enough to eat and drink. People did their own meal planning, shopping and cooking with support from staff. They were supported by caring staff, who understood their needs, promoted their rights, encouraged their independence and respected their privacy and dignity.

People had opportunities to contribute to their care and support and were included in reviews and meetings. People had plans and aspirations for the future and were supported to work towards these. People also had active social lives and participated in many community activities.

The service had robust quality assurance systems in place and held regular audits to identify any areas that required improvement. There was a complaints policy which detailed how people could make a complaint if they wished.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had an understanding of processes to safeguard people from harm and how to report any concerns.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Systems were in place to ensure people's medicines were managed in a safe way and that staff were competent to administer medicines where people required this support.

### Is the service effective?

Good ●

The service was effective.

Staff training was up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards were met.

People had enough to eat and drink and were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff interacted well with people and respected choices they made, supporting independence and their right to make decisions about their life.

People's privacy and dignity were respected. .

### Is the service responsive?

Good ●

The service was responsive.

People were involved in assessing their needs and planning their care.

People were supported to follow their interests and to have aspirations for the future.

People received personalised care that was responsive to their needs.

People were aware of how to make a complaint and systems were in place to enable people to do so.

### **Is the service well-led?**

The service was well-led.

The registered manager and the management team supported staff well and promoted an open and person centred culture within the service.

People had many different ways in which they were able to share their experiences of the service and their views were acted on.

There were audit systems in place to support the service to deliver good quality care and these were used to make improvements.

**Good** ●

# High Street Sandy

## Detailed findings

### Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This unannounced inspection took place on 31 March 2016 and 07 April 2016. It was carried out by one inspector.

Before the inspection we reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we met with three people who used the service and spoke in depth with one of them. Where people were unable or did not wish to speak with us about their experiences of the service, we observed the interaction between them and staff to help us understand. We also spoke with the deputy manager, two support staff and a care coordinator. The registered manager was not available to meet with us but we spoke with them on the telephone. We looked at the support plans and associated records for three people. We also looked at records for three staff and those relating to the provision of support and the management of the service.

The provider completed a Provider Information Return (PIR) which we reviewed following our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

## Is the service safe?

### Our findings

One person told us, "Yes, I do feel safe. There are flood detectors and smoke alarms and an attendant alarm for if I need help for any reason. There is also a beeper on the front door which goes off when it is opened. Staff are nice and I don't feel scared of any of them." We found that people were supported well by technology that could empower them to feel safe in their home. This included door alarms and call systems, but also mobile phones and computers. The deputy manager told us that one person had used email to report a safeguarding matter to the local authority independently. This showed that staff supported people well to understand their rights in relation to staying safe from potential harm.

We saw that people who did not wish to speak with us were at ease in the company of staff which indicated that they felt safe in their presence. Information about staying safe was available to people in an easy read document called 'Keep safe', and the deputy manager told us that this issue was discussed routinely in people's meetings.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff we spoke with demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about external organisations they could report concerns to and were confident that if they reported any concerns to the management team they would take appropriate action. A member of staff said, "I am absolutely confident that [manager's name] would take appropriate action."

Individualised risk assessments were put into place to give guidance to staff about how any identified risks to people's health and wellbeing could be minimised. The balance between the benefits of any activity to the person and the steps put in place to minimise the risk of harm were clearly documented. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included talking to people and looking at their support plans, using the provider's reporting system, and talking amongst the team about any changes in people's support needs. This provided staff with up to date information that enabled them to protect people from the risk of harm while restricting their freedom or control over their own life as little as possible. Records of incidents and accidents were kept and the management team reviewed these on a regular basis to identify any trends so that action could be taken to reduce the chances of reoccurrence.

One person told us there was enough staff to support them safely, and that they were usually supported by staff they knew, who arrived on time and stayed for the length of time that was scheduled. We saw there was enough staff to support people to participate in their chosen activities on the day of our inspection. Where vacant posts or staff absence was covered by agency staff, we saw that this was usually done by regular agency workers who knew the service and people's needs well.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in the country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed safely. People were supported to be as involved as they wanted to be in the administration of their medicines with, the appropriate degree of support from staff. For one person this meant that they poured their own drink to have with their medicines that were administered by staff that had been trained to do so. However, another person administered their own medicine, and completed the medicine administration record (MAR) independently with light touch support from staff. The medicine administration records (MAR) we saw for each person had been completed correctly, with no unexplained gaps and medicines were stored securely within people's homes.

## Is the service effective?

### Our findings

Staff had the right skills and knowledge to meet people's needs. One person told us, "The staff are lovely, they are there to help and they know me well." We saw that staff had a very good knowledge of the people they worked with and understood that each person required individualised support based on their needs and preferences. They had a good understanding of their role as enablers, supporting people to be as independent as possible and communicated with people skillfully. For example, a member of staff responded to very small non-verbal cues from one person which indicated that they were not comfortable to meet with the inspector, whom they did not know. The member of staff redirected the conversation to a subject that the person had positive feelings about and we were able to end our meeting without the person becoming distressed.

Staff we spoke with told us they had received a good range of training and felt they were supported well by the provider to carry out their roles. One member of staff said, "They are very good with training and with further qualifications. I have done NVQs two and three in care, and an NVQ three in management as well." Records for staff showed that training was kept up to date and covered topics that were relevant to the needs of the people using the service, such as; autism awareness, moving and handling, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberties safeguards. New staff received thorough induction which involved assessment to ensure they had sufficient knowledge and skills to do their job before they passed their probationary period and were confirmed in post.

Staff confirmed they had supervision including direct practice observations to support them in their role. They confirmed that supervision supported them to do their job well, to identify their training and developments and to share issues connected to their work. Records showed that supervision was regular and a yearly appraisal was completed to support staff development.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The deputy manager was very clear about the need to assess people's capacity to make decisions for themselves and understood that it was staff's responsibility to ensure that every effort was made to support people to have the right information to understand and make decisions. Staff also understood this and clearly respected people's right to make decisions. One member of staff said, "It doesn't matter if we don't agree with them. We might think it is a bad decision, and we can give them advice but at the end of the day, if they have capacity, it is their decision to make." People were asked for their consent before any support was provided. There was evidence that where it was thought a person may lack the capacity to make a specific decision about their care, a capacity assessment was carried out, and where appropriate, a decision was made in their best interest.



People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA Deprivations of Liberty Safeguards (DoLS). Under DoLS arrangements, when it is assessed that a person's freedom may need to be restricted to keep them safe, providers of supported living services are required to submit applications to the Court of Protection. Staff were aware of this requirement, and were able to give examples of when it may be appropriate to do so.

People received good support to eat a nutritionally balanced diet and to have enough to drink. People planned, shopped for and cooked their own meals with as much or as little support as they required. For some people, this meant staff provided meals based on the preferences of the person, for others it meant the task was shared between the person and staff. One person who used the service had very good cooking skills and made their own meals independently. They had created a recipe book of their favourite meals to assist them to decide what they would cook each day. They were also beginning to support other people at the service to take more interest in cooking. They told us, "I enjoy cooking and I am pretty good at it now. I cook my own meals and I like baking. I bake chocolate cake, biscuits and Victoria sponge."

Records were kept of people's food intake. We saw that people were encouraged to consider healthy options along with favourite meals to ensure their diet was balanced. This was done with consideration and respect for people's right to make decisions about what they chose to eat. Where there were concerns about a person's eating or nutritional wellbeing, referrals were made to dietitians or speech and language therapists as appropriate.

People had access to a range of health and social care professionals and services which included GPs, mental health practitioners, wheelchair services, opticians, and dentists. We saw from records that people received appropriate support to access health care which was appropriate to their needs. For some people this included staff accompanying them to appointments, although other people were able to attend independently. Staff updated records to include the outcomes of any appointments appropriately.

## Is the service caring?

### Our findings

One person told us that staff were "All good. [Name] is always smiling and lovely, [Name] and [Name] are really funny, [Name] is lovely. [Name] is lovely too and she is new so I took her into Biggleswade to show her the way around." We met other people who used the service and although they did not tell us about the staff, they appeared comfortable and pleased to be in their company. We observed that staff engaged skillfully with people, showing warmth and genuine interest in them. Conversations were light hearted and friendly demonstrating that people were clearly at ease and that staff knew them well and were able to discuss issues that interested people. Staff spoke about people with admiration and respect. One member of staff told us that a person, "Is a really brilliant artist. [They] have sold a picture already and I'm sure they will sell more. They are so talented. Their baking is amazing as well."

Staff we spoke with understood the importance of promoting peoples independence and this was documented throughout the care records. We saw that people were involved with preparing and cooking food, going shopping and completing household tasks with as much or as little assistance as they required. One person said, "I do my own laundry and ironing, although I sometimes ask [staff name] to help out with harder ironing. I do my own cleaning and dusting. I like things tidy. Staff help me with my post and if I need help with something new. It's often a bit of teamwork when it comes to housework!" Care records showed that people were involved in how their care was delivered and when they wanted it. One person had written section of their own care plan independently, explaining what support they required and how they would like staff to assist them.

Staff told us that when they supported people they ensured the individual's privacy and dignity was respected and gave examples of closing doors, pulling curtains, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with any care, including, personal care or with any other aspects of life that were private.

The manager and staff understood the need to ensure peoples personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people's privacy and confidentiality, speaking to them privately about issues rather than in front of others.

Information about the service and the support provided was available to people in an accessible format . This supported people to be involved in planning care and making choices about the support they wished to have. Information was available to people about independent advocacy services and there was a person receiving support from such services at the time of our inspection.

Relationships that were important to people were respected and where support was required to assist people to maintain them this was in place. People were supported to meet up with family members and friends, to go out together, have overnight stays and have people to stay with them and to arrange holidays. One person said, "I am having a holiday with the girls this year. These are friends of mine who don't live here."

## Is the service responsive?

### Our findings

People's needs had been assessed prior to them coming to live in their flat to ensure the service was appropriate to their needs. People were clearly involved in the ongoing assessment and planning of their support, and one person had written parts of their own support plan independently. They told us, "I wrote most of my own plan. Staff support me, but I know me better than anyone else does, so they listen to what I want to say." Support plans were personalised and detailed. This enabled staff to provide support based on the degree of assistance each person required to achieve tasks as independently as possible. Where people were less able to clearly state their needs and preferences, support plans offered detailed information about the person, how they communicated their needs, what was important to them, how they liked to be treated and what they did not like or found difficult to accept from others. Respect for the individual and a commitment to empowerment clearly underpinned the way in which support plans were written, and this was also reflected in the approach taken by staff on the day of our inspection. The support plans were regularly reviewed to keep them up to date.

We saw that care was organised flexibly in response to the needs of each individual. For example, support hours had been arranged to take account of the fact that one person stayed up a lot at night and slept late into the day. The deputy manager told us, "[Name's] sleep pattern is respected. Support is tailored for when they need it based on when they want to get up and go to bed."

People's support plans clearly identified their individual goals and aspirations and we found evidence that staff worked with people to realise these wishes. One person was a keen cook and baker and had been supported to develop their skills, both by staff and by a family member. A member of staff told us the person was considering a future career connected to baking and they were supporting them with this by making contact with the Prince's trust, an organisation that offers support to people to set up their own business. They were also aware, however, that such a big step may be overwhelming for the person and so they were supporting them to take steps towards this at their own pace. In the meantime, the person had a voluntary job in a local charity shop and also produced artwork which they sold at local craft fairs.

People were involved in a wide variety of activities within the local community such as art classes, social clubs, church groups, charity fundraising, swimming, trips out to shops or local events and day trips. People were also supported to go on holiday and one person had arranged their own holiday with friends for later on in the year. A person we spoke with was very positive about the support they received saying, "It's all about me and what I want to do. They help me with my independence and help me to take the steps to do what I want and like to do." A member of staff we spoke with gave an example of how they supported people in a manner which promoted empowerment. They said, "When [name] was meeting friends for a Chinese meal in the town, I dropped [them] off and when they wanted to come home, they just gave me a ring and I went to pick them up. That way they could have a night out without me there."

The provider had a complaints procedure and we saw that information about this was available in easy read format. One person told us that they could discuss any issues with staff and they were comfortable about talking to the manager if they had any concerns. Staff told us they would assist people to make formal

complaints if they wanted to. The deputy manager told us that they tried, where possible, to resolve issues before they escalated to a formal complaint. We saw during our inspection that they made time to discuss issues with people and that people appeared comfortable to talk with them. There was a system in place for recording and monitoring complaints which allowed the provider to analyse causes of and trends for complaints in order to identify and areas for sustained improvements to the service.

## Is the service well-led?

### Our findings

The service had a registered manager who worked across several locations. The service was also supported by a deputy manager and support coordinators. During the inspection we observed people who used the service interacting with the deputy manager, support coordinator and support staff. It was clear they felt comfortable, and conversations were open and supportive. One person told us "Yes I can talk to [manager]. [They] are nice, although I would probably talk to [staff name] first if I was upset about something." They went on to tell us that when they had raised issues in the past, the manager had dealt with it out straight away.

Staff told us that the manager was approachable and they were confident that she would listen to any concerns they raised and take appropriate action. They were clear about their role and responsibilities and had a good understanding of the provider's values, talking with enthusiasm about their role in supporting people to take control of their lives. They were positive about the support they received from the management team and the provider. One member of staff said, "Yes they are really supportive, we can talk about anything with them. We have fortnightly staff meetings as well where we exchange information and ideas about how we might do things better. We also discuss wider [provider's name] issues as well." Another member of staff told us they had received a letter from a senior manager for the provider organisation, praising them for their work. They told us, "It makes a difference. It makes you feel that you are valued." We looked at the minutes for staff meetings, which identified what action was to be taken from discussions that took place at the meeting.

Records showed that people were given regular opportunities to provide feedback on the service through a number of means including surveys, care reviews, customer meetings and one to one 'lounge' meetings. An independent advocacy organisation had also been commissioned to seek people's views. Following this work, a report was sent to the service which indicated that the feedback from people was very positive. Feedback from people was used to support a service development plan which was used to make continuous improvements to the service.

The provider had effective systems in place to assess and monitor the quality of the care provided. A number of quality audits were carried out on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, and whether staffing files and training records were well maintained. The management team also conducted routine practice observations to monitor staff performance, attitude and reactions to the people who used the service. Where issues had been identified from the audits, the manager took prompt action to rectify these. The local authority contracts monitoring team had recently inspected the service and awarded them an excellent rating.

